



Commercial & Residential
PO Box 691
Pittsford NY 14534

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JOB APPLICATION

PERSONAL INFORMATION

First Name Middle Initial Last Name

Street and Apt # City State Zip Code

Telephone US Citizen YES NO circle one

Social Security # - -

Driver License #: State:

License Current YES NO circle one

Ever been convicted of a felony? YES NO circle one
If Yes, explain:

Any Health Restrictions: YES NO circle one

Overall Health Condition: EXCELLENT GOOD POOR circle one
Further explanation:

Taking any Medications that could impact your health when working outdoors or with power equipment:

YES NO circle one
If Yes, explain:

Do you wear prescription glasses: YES NO circle one

Do you have any hearing loss: YES NO circle one
If yes, explain: _____

Do you have health insurance: YES NO circle one
If yes, who with: _____

Contact person in the event of an emergency:

Name: _____ Relationship _____

Phone Number: _____

High School Graduate: YES NO circle one

If no, highest grade achieved: _____

How did you hear about this job: _____

What hours are you willing to work: _____

Would you be able to work weekends: YES NO circle one

When would you be able to start: _____

Most Recent Employer: _____

Position: _____

Dates worked there: _____

Reason for leaving: _____

I hereby certify that my answers in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. Furthermore, I understand that If I am hired, employment with this company is "at will" which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature:

Date: